



STATE OF NEW HAMPSHIRE
DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF ANIMAL INDUSTRY
603-271-2404



Application for Animal Shelter Facility License

First Time Applicants Please Submit Proof of Non-profit Status

The undersigned hereby applies for a license as an animal shelter facility at the following described premises, in accordance with the provisions of RSA 437, for the period ending June 30, _____.

ANNUAL FEE: \$200.00 per each premise. (Fiscal Year July 1, _____ to June 30, _____.)
Any **new** animal shelter facility applying for a license after January 1, and before June 30, the license fee shall be \$100.00.

Premises to be licensed: _____
Name of facility

_____ NH _____
Street address City Zip

Telephone: _____ Shelter hours _____

Is shelter operated in your home? Yes ___ No ___ Are you zoned to have a kennel? Yes ___ No ___

Have you held a shelter license in another state? Yes ___ No ___ If Yes, list the state(s):

At any time did you have any action brought against you as a pet owner, or your shelter business?

Yes ___ No ___ If yes, Explain: _____

Do you have a microchip scanner available? Yes ___ No ___

Submitted by: _____
Individual, Firm or Corporate Name (please print)

_____ Zip
Street or P.O. Box City State

Signature of Owner or Authorized Agent: _____
(Please also print name if signature is illegible)

_____ Title
Make checks payable to : Treasurer, State of New Hampshire
Application fee is non-refundable

Mail application and fee to: Division of Animal Industry
P. O. Box 2042
Concord, NH 03302-2042

